



CHURCH OF ST IGNATIUS
ADULT BAPTISM REGISTRATION

(Please complete the form clearly & legibly)

Proposed Date of Baptism: _____

Name: _____

Baptismal Name: _____

Name of Father: _____ Religion: _____

Name of Mother: _____ Religion: _____

Address: _____ S()

Home Tel: _____ Handphone No.: _____

Email: _____

Country of Birth: _____ Date of Birth: _____

Nationality: _____

Gender: Male/Female (*Please delete accordingly*)

Name of Godfather/
Sponsor : _____ Religion: _____

Name of Godmother/
Sponsor : _____ Religion: _____

(Note: One Catholic Godparent is required)

Minister: _____

If Married: Name of Spouse: _____

Date of Marriage: _____

Venue of marriage : _____

Certificate (R.O.M) No: _____

Consent to Collection of Personal Data in Baptism Form

The Church safeguards all personal data collected through any Church ministry, parish, commission, or activity, in accordance with the Singapore Personal Data Protection Act (No 26 of 2012).

In compliance with the Singapore Data protection Act and by filling this form, we agree and consent:

- a) To the collection, receipt, processing, disclosure, storage and use of all our personal data and all such data submitted to the Roman Catholic Archdiocese of Singapore for the purpose of processing and administration of Sacraments.
- b) To the transfer of all personal data and all such data submitted to other church entities within the Archdiocese of Singapore and/or foreign Diocese within the Roman Catholic church for the purpose of processing and administration of Sacraments.